

POSITION

ISSUE SLIP STAPLE AREA (for additional cross references)

04.3AN99

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

INDEX OF CLAIMS

<input checked="" type="checkbox"/>	Rejected	N	Non-elected
<input type="checkbox"/>	Allowed	I	Interference
<input type="checkbox"/>	(Through numeral)	C	Canceled
<input type="checkbox"/>	Restricted	A	Appeal
<input type="checkbox"/>		O	Ordered

Claim	Final Original	Date
103	SAC	
104	104	
105	105	
106	106	
107	107	
108	108	
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148	148	
149	149	

If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY